Exhibit H

[redacted]

The Honorable Fred Upton
Chairman
Committee on Energy and Commerce
United States House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Joe Barton
Chairman Emeritus
Committee on Energy and Commerce
United States House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Tim Murphy
Chairman
Subcommittee on Oversight
and Investigation
United States House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Joseph R. Pitts
Chairman
Subcommittee on Health
United States House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Marsha Blackburn
Vice Chairman
Committee on Energy and Commerce
United States House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable C. Burgess, M.D.
Vice Chairman
Subcommittee on Health
Subcommittee on Oversight and Investigations
Committee on Energy and Commerce
United States House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Upton, Chairman Barton, Chairman Murphy, Chairman Pitts, Vice Chairman Blackburn and Vice Chairman Burgess:

On behalf of our client, [redacted] this letter and attachments respond to your letter, dated March 14, 2013, requesting [redacted] information regarding analysis of the expected effect of the Patient Protection and Affordable Care Act ("PPACA") on health insurance premiums or costs beginning in 2014, which are matters currently under examination by the Committee on Energy and Commerce.

Consistent with our discussions with Committee Counsels Sean Hayes and Karen Christian, [redacted]

documents are also being provided on an encrypted CD containing a folder labeled [redacted]. We are providing the password by separate letter. As agreed with Mr. Hayes and Ms. Christian, [redacted] a comprehensive, diligent search of all documents or databases in the company's possession, given the time and effort required for such a task and the relatively brief time frame set for responses. As requested by Mr. Hayes, [redacted] to identify and review those senior level presentations or briefings regarding PPACA which were believed most likely to contain information responsive to the Committee's requests.

As emphasized in our discussions with Mr. Hayes and Ms. Christian, [redacted] cooperate with the Committee's inquiry and, in that spirit, has made a good faith effort to provide responsive information that has been identified to date, consistent with [redacted] the Committee's written request and the subsequent direction and guidance provided by Mr. Hayes and Ms. Christian. This response, as described in more detail below, [redacted] information and belief, based on its review of responsive and available materials. We note that we have only provided the responsive documents contained in larger, otherwise non-responsive presentations and have, in certain documents, redacted as non-responsive the names and titles of individual employees.

In reviewing this response, the Committee should also note several general assumptions and caveats, in addition to those noted on the attached documents:

a.) The documents provided with respect to the estimated effect on rates in the individual market address only the impact to non-grandfathered health plans as that term is used in the PPACA. Small group grandfathered health plans are included in the aggregate analysis of rate impacts provided in Attachment B as certain PPACA taxes and fees apply to all groups regardless of grandfathered health plan status;

[redacted]

c.) The documents provided do not reflect the effect of annual medical trend increases year over year which for 2013 is estimated at between 9% and 11% for most products and markets; and

d.) [redacted] estimates, at the time of preparation, with respect to premium impacts in 2014. Final actual rates will vary for a variety of reasons including, but not limited to, additional federal and state guidance on rates, refinements in assumptions regarding population morbidity and other actuarial factors.

[redacted]

Request #1. Since passage of the PPACA, has your company done any analysis of the effect of the law on premiums generally, including analyses of the effect of the PPACA on premiums in

the individual market, the small group market, or the large group market, either nationally or by State? If so please provide any documents setting forth this analysis.

[redacted] done an analysis of the effects of the law on premiums generally in both the individual and small group markets as described below.

Individual Market. Based on information reviewed to date, it appears [redacted] prepare a detained analysis of the law's effects on premiums on a national or statewide basis in the individual market. Instead [redacted] an analysis of the premium impacts, in selected counties, on [redacted] current most popular selling product and (2) the product with the largest individual enrollment. Although we understand the Committee's request addresses national and statewide analysis, we have provided, as an example, an analysis for [redacted] prepared on February 13, 2013 [redacted] We note that Attachment A includes two versions of the analysis: one which includes the estimated effects of the individual subsidies (at [redacted] and one that does not [redacted] Rate impacts related to the PPACA will vary greatly by the type of coverage an individual is enrolled in (e.g., how comprehensive is the coverage) in addition to age, rating area, and other factors. [redacted] analysis demonstrates, the current most popular [redacted] less comprehensive benefits than a PPACA compliant Silver plan and enrolled individuals would see larger increases in rates than would enrollees [redacted] with the most enrollment, where benefits are more comprehensive (if switching to a Platinum level PPACA compliant plan). Thus [redacted] calculated a statewide blended average for comparison purposes in the individual market given these significant disparities between product types. Finally, the Committee should note that the Exchange fee of 3.5% is fully loaded on the impact analysis provided in [redacted] While the Exchange fee is charged for any individual enrolling through the exchange, the fee is spread over an issuer's entire individual market pool of business including off exchange sales. As a result, the actual premium increase associated with the Exchange fee would be less than 3.5%.

Small Group Market. [redacted] management prepared and delivered a presentation for its Board of Directors on March 11, 2013 outlining, at a high level, the impact of the PPACA on premiums for its current small employer membership. Responsive slides from the presentation are attached as Attachment B, at [redacted] Attachment B provides an estimated statewide aggregate impact that includes not only the estimated average small group increase, but also shows the estimated number [redacted] small employer customers impacted. While the average increase related to PPACA requirements is 13%, the presentation indicates, [redacted] that some employers are estimated to have significant rate increases and a smaller number are estimated to have actual rate decreases. Based on information reviewed to date, [redacted] prepare a detailed analysis, on a national basis, of PPACA's impact on premiums in the small group market.

Large Group Market. [redacted] based on its review to date, that a detailed statewide or national analysis of PPACA's impact on large group rates was not prepared by the company. Nevertheless, large employees will be subject to certain taxes and fees. A general communication to customers on PPACA taxes and fees is provided as [redacted]

Request #2. Since passage of the PPACA, has your company done any analysis of the effects of guaranteed issue, community rating, or requirements to provide essential health benefits on premiums or costs, separately or on an aggregate basis, either nationally or by State? Specifically, have you done an analysis of how the law will affect different age cohorts? If so, please provide any documents setting forth this analysis.

[redacted]or selected counties but not at the national or statewide level, of the effects of guaranteed issue, community rating, expanded benefits, and other components of the PPACA for individual coverage. Based on its review to date, it does not appear[redacted] specifically conducted an analysis of the breakdown of rate impact in the small or large group market at the level of detail included in the Individual Market analysis.

Individual Market. As noted in response to Request #1,[redacted] which is attached as Attachment A. The analysis outlines the estimated impact on various cohorts of individuals by age (21, 31 & 64) and gender. It further identifies estimated rate increases by various PPACA required taxes and fees, the increases related to additional benefits, the shift to a 3 to 1 rating curve, population risk morbidity, and other factors. Finally, an estimated reduction in premiums is reflected on this document for the effect of the transitional reinsurance required by the PPACA.

Small Group Market. The March 2013 slide, described above in response to Request #1 and attached as Attachment B, at [redacted]ddresses estimated total health care reform rate impacts for small groups, providing a summary level breakdown of the average rate increase by three categories (1) greater benefits, (2) rating rule changes, and (3) taxes and fees. It does not address impacts at the more detailed level of specific taxes and fees, age cohorts, etc. Additional information regarding a breakdown of these taxes and fees can be found a[redacted]

Request #3. Since passage of the PPACA, has your company done any analysis of the effects of the law's new taxes and fees (for example, the taxes on health insurance providers or medical device markets) on premiums or costs, separately or on an aggregate basis, either nationally or by State? If so, please provide any documents setting forth this analysis.

[redacted]of individual premiums in Attachment A reflects estimated increases in premiums, at the county level, related to the law's new taxes and fees, including the tax on medical device makers which is estimated at .9%. Based on information reviewed to date,[redacted] detailed analysis of the impact of such taxes and fees on small group rates other than at a high level as noted in Attachment B. In addition, the documents included at Attachments C and D discuss, in general, the estimated effects by market of the various taxes and fees levied as a result of the PPACA.

This response may contain highly confidential, trade secret, and/or proprietary information of [redacted]hat is being provided pursuant to the Committee's request. By responding to that request, [redacted]does not intend to waive any privilege that may be applicable in this or any other forum. While Congress may request such information, the law, as reflected in the Trade Secrets Act (18 U.S. C. §1905), recognizes the critical and sensitive nature of confidential, trade secret and proprietary information and, as such, protects against the disclosure of such information. The intentional or inadvertent disclosure of information that [redacted]has expressly designated as confidential, trade secrets, and proprietary would likely cause substantial competitive harm to [redacted] Given the sensitivity and importance of this information, [redacted] respectfully requests that the Committee treat this information as confidential and Members, staff, and all those who may review [redacted] submissions on behalf of the Committee and/or its Subcommittees, protect against the disclosure of this

highly confidential information. Accordingly, [redacted] has marked some of the attachments produced today with the legend "[redacted]" trade secret, or proprietary information, and a reasonable opportunity to address this issues with the Committee before any disclosure is made.

Should you have any questions concerning the information provided herein, please contact me directly at [redacted]

[redacted]

cc: The Honorable Henry A. Waxman, Ranking Member

The Honorable John D. Dingell, Chairman Emeritus

The Honorable Diana DeGette, Ranking Member
Subcommittee on Oversight and Investigations

The Honorable Frank Pallone, Ranking Member
Subcommittee on Health

Enclosures

ATTACHMENT A

Illustrative U65 Premium Impacts of ACA
Draft as of February 13, 2013

Case 1:

County: [redacted]
Non Smoker
Premium reflects no health conditions[1]
Over 400% FPL[2]
Today: [redacted]
2014: Purchasing a silver plan on Marketplace

	Monthly Premiums					
	Age 21[4]		Age 31		Age 64	
	Male	Female	Male	Female	Male	Female
Current Monthly Premium for [redacted]	$92	$101	$121	$134	$456	$377
Health Insurer Fee *(non-deductible)*	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%
Reinsurance fee *($5.25 pmpm)*	5.7%	5.2%	4.3%	3.9%	1.2%	1.4%
PCORT fee *($2 pmpy)*	0.2%	0.2%	0.1%	0.1%	0.0%	0.0%
Exchange fee	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
Add'l taxes passed from providers (pharma, device)	0.9%	0.9%	0.9%	0.9%	0.9%	0.9%
Population Risk Morbidity	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
2014 benefit enhancements (EHB's)[3]	36.0%	70.7%	34.5%	70.8%	32.1%	32.3%
3:1 Limit, Unisex, Standard Rate Curve	33.5%	-3.0%	19.5%	-14.9%	-15.1%	2.2%
Reinsurance credit	-10.9%	-10.9%	-10.9%	-10.9%	-10.9%	-10.9%
Estimated ACA premiums[5]	$204	$204	$236	$236	$612	$612
Increase	122.0%	101.8%	95.3%	76.7%	34.3%	62.1%

Premium impacts considering subsidies at different levels[6]

Post Subsidy Premium for 150% FPL	$59	$59	$59	$59	$59	$59
Increase	-36%	-42%	-51%	-56%	-87%	-84%
Post Subsidy Premium for 250% FPL	$197	$197	$197	$197	$197	$197
Increase	114%	95%	63%	47%	-57%	-48%
Post Subsidy Premium for 350% FPL	$204	$204	$236	$236	$325	$325
Increase	122%	102%	96%	77%	-29%	-14%

[1] This analysis assumes enrollee has no health conditions that increase premium. Over 90% of our U65 enrollment is written at the lowest available premium.

[2]This analysis assumes enrollee has an income >400% FPL and thus is not eligible for a subsidy. We estimate over 2/3 of our current U65 enrollment is not eligible for a subsidy.

[3]EHB's for [redacted] plans includes adding maternity, behavioral health, Habilitative and pediatric dental and vision as well as comprehensive outpatient and pharmacy benefits.

[4]The possibility of ACA premium reduction through enrollment in a catastrophic plan is not considered in this analysis.

[5]Not adjusted for medical trend between 12/1/12 and 1/1/14 effective dates.

[6]Assumes the premium above is the 2nd lowest premium available to member

February 13, 2013

[redacted] [redacted]

Illustrative U65 Premium Impacts of ACA
Draft as of February 13, 2013

Case 2:

County: [redacted]
Non Smoker
Premium reflects no health conditions[1]
Over 400% FPL[2]
Today: Copay plan with $1500 deductible [redacted]
2014: Purchasing a Platinum plan on Marketplace

	Monthly Premiums					
	Age 21[4]		Age 31		Age 64	
	Male	Female	Male	Female	Male	Female
Current Monthly Premium for Copay Plan [redacted]	$182	$209	$250	$292	$697	$677
Health Insurer Fee *(non-deductible)*	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%
Reinsurance fee *($5.25 pmpm)*	2.9%	2.5%	2.1%	1.8%	0.8%	0.8%
PCORT fee *($2 pmpy)*	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%
Exchange fee	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
Add'l taxes passed from providers (pharma, device)	0.9%	0.9%	0.9%	0.9%	0.9%	0.9%
Population Risk Morbidity	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
2014 benefit enhancements (EHB's)[3]	4.6%	31.3%	3.5%	31.4%	1.6%	1.8%
3:1 Limit, Unisex, Standard Rate Curve	13.6%	-21.4%	-2.5%	-34.5%	-7.1%	-4.5%
Reinsurance credit	-10.9%	-10.9%	-10.9%	-10.9%	-10.9%	-10.9%
Estimated ACA premiums[5]	$262	$262	$304	$304	$787	$787
Increase	43.9%	25.3%	21.8%	4.2%	12.9%	16.3%
Post Subsidy Premium for 150% FPL	$117	$117	$127	$127	$234	$234
Increase	-36%	-44%	-49%	-56%	-66%	-65%
Post Subsidy Premium for 250% FPL	$255	$255	$265	$265	$372	$372
Increase	40%	22%	6%	-9%	-47%	-45%
Post Subsidy Premium for 350% FPL	$262	$262	$304	$304	$500	$500
Increase	44%	25%	22%	4%	-28%	-26%

[1] This analysis assumes enrollee has no health conditions that increase premiums. Over 90% of our U65 enrollment is written at the lowest available premium.

[2]This analysis assumes enrollee has an income >400% FPL and thus is not eligible for a subsidy. We estimate over 2/3 of our current U65 enrollment is not eligible for a subsidy.

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February 13, 2013

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[redacted] [redacted]

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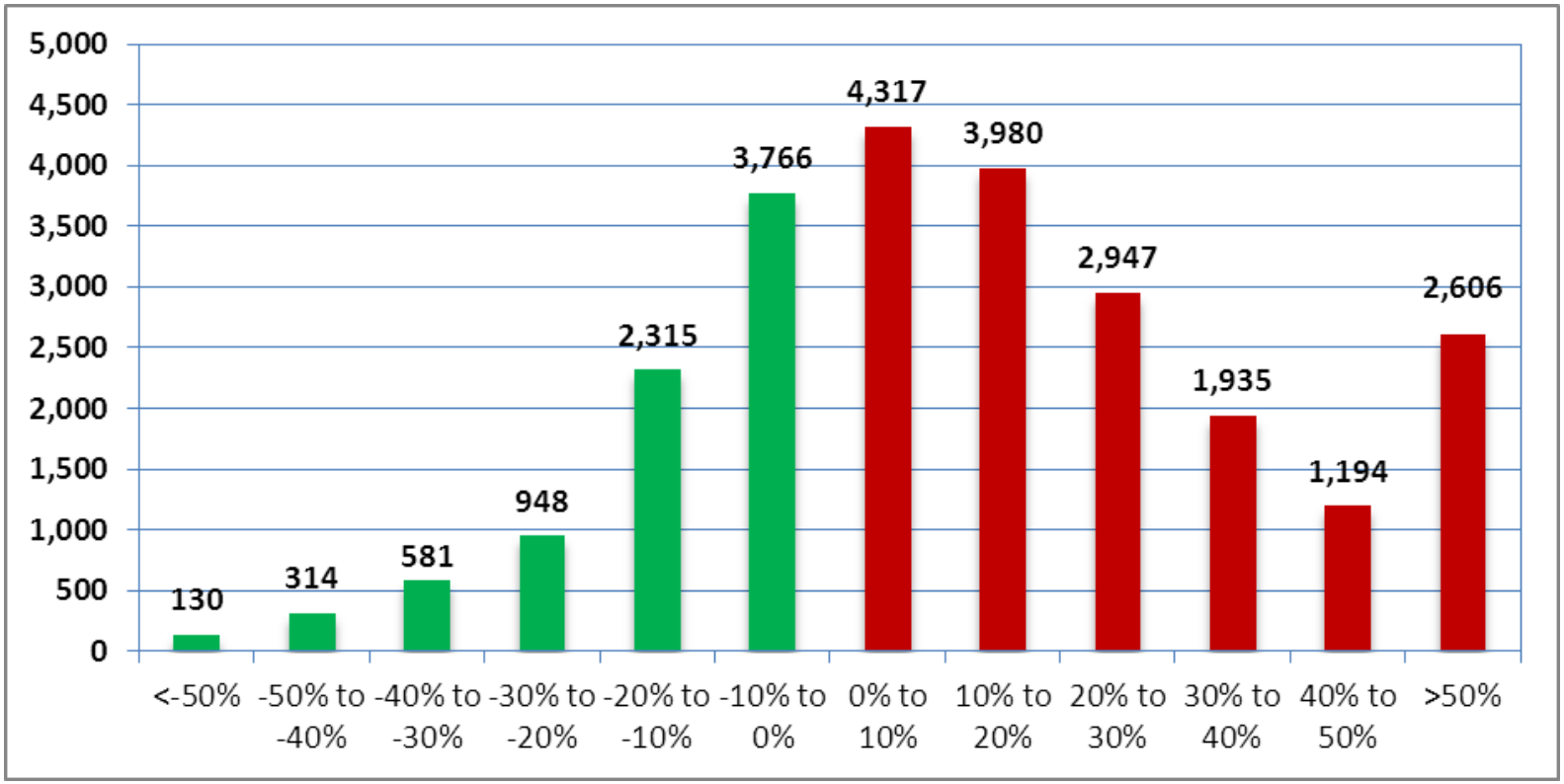
February 13, 2013

Total Health Care Reform Rate Impacts for Small Groups



Small Group Average Increase	**13%**
From Greater Benefits	**6%**
From Rating Rule Changes	**3%**
Taxes and Fees	**4%**

Impacts are only for ACA changes and not inclusive of normal medical trend